

TIIAP FY 1999
Project Narrative

Lake County, Illinois

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Community Networking
Waukegan, Illinois

IMPACT – INFORMATION MANAGEMENT, PUBLIC ACCESS, COMMUNITY TRANSFORMATION

EXECUTIVE SUMMARY

This is a project intended for the Community Networking primary application area with Public Services as a secondary application area.

"...that little mouse that runs around the maze."

a homeless mother's metaphor for her experience accessing services in Lake County

IMPACT's goals are to improve access to and delivery of human services for low-income residents, strengthen community planning and resource allocation, and enhance understanding of how data on homelessness can be gathered and aggregated on local and national levels to accurately capture the scope of the problem and the effectiveness of efforts to ameliorate it. IMPACT will use the Internet, Interactive Voice Response, Geographic Information System interfaces, touch-screen kiosks, and interactive multi-media centers to implement 1) a state-of-the-art information and referral system available directly and through providers in 16 health and human service organizations, and 2) a networked case management system piloted with 9 homeless service providers. Anticipated outcomes include: 1) a greater number of beneficiaries served, 2) faster, more definitive linkages to needed services 3) increased access to health education 4) greater interagency service coordination, 5) improved service outcomes for beneficiaries, 6) increased social capital within the provider network, and 7) enhanced community planning and resource allocation. A combined internal and external, mixed method evaluation will be conducted with researchers at the University of Massachusetts at Boston. Beneficiaries reside countywide, but live primarily in Waukegan, North Chicago, Zion, and Round Lake Beach, communities that are disproportionately poor, designated as medically underserved, have the highest concentrations of African American and Hispanic residents, and the highest levels of unemployment, high school dropout, teen pregnancy, births to single mothers, and homelessness in the County. Partners include 19 local government, private technology, and human service organizations.

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IMPACT – INFORMATION MANAGEMENT, PUBLIC ACCESS, COMMUNITY TRANSFORMATION

1. PROJECT DEFINITION

"I would go one place, they send me to another place, they send me to another place and went round in circles. I'm standing here going like this, 'what am I saying wrong or doing wrong?'" a formerly homeless Lake County mother

Problem: *Barriers to accessing services*, identified by low-income residents, include lack of knowledge regarding the range of services available and how they can be accessed, lengthy and circuitous referral processes, long delays in accessing requested services, insufficient availability of key services, idiosyncratic assessments of service needs, embarrassment, language and literacy barriers, lack of transportation and directions to program sites, lack of service coordination, and confusion regarding program eligibility criteria. The net strain of navigating the service system engenders a sense of frustration, disempowerment and, at times, hopelessness. As one homeless focus group participant eloquently put it, "It denigrates you to the point that you're nothing and you know it, but you fight like a dog pretending you're somebody because you want to be."

Solution: IMPACT will address these service access barriers through the implementation of a comprehensive information and referral system available in both English and Spanish, that provides real time information on service availability, relies heavily on graphic symbols and is written at a 4th grade readability level, includes benefits and service eligibility screening, and service matching by geographic area and mode of transportation. The information and referral system will be directly accessible to project beneficiaries through touch-screen kiosks, an IVR phone-up network, and health department educational multi-media centers. It will also be accessible through a range of human service providers.

Outcomes: 1) a greater number of beneficiaries served, 2) faster, and more definitive linkages to needed services.

Problem: Service provider-identified *barriers to effective service delivery* include absence of timely information regarding availability and eligibility criteria of other County services, lack of effective cross-agency case coordination and service integration, lack of data on client outcomes over time, and insufficient funding to provide needed services.

Solution: The I&R system will be implemented by providers in desktop version. Additionally, 9 homeless service providers will pilot a comprehensive, networked case management system that will include joint service planning, aggregated and disaggregated reporting capabilities, and client/service tracking mechanisms.

Outcomes: 1) increased interagency service coordination, 2) improved service outcomes for beneficiaries, and 3) increased social capital within the service provider network.

Problem: Government and funder-identified *barriers to effective community planning and resource allocation* include the absence of a mechanism for gathering and analyzing ongoing data regarding the size, characteristics, and needs of the County's underserved populations, lack of documentation regarding the effectiveness of local programs, and insufficient involvement by groups most affected by decision-making.

Solution: The piloted case management system will generate aggregate population data that will be analyzed and disseminated for community planning and public and private resource allocation purposes.

The GIS interface will increase the sophistication of the data generated, enabling multi-level analysis of community conditions. Participation in the I&R and case management systems and project development process will increase stakeholder involvement and investment in the community planning process. **Outcomes:** 1) resource and planning decisions that are aligned with needs identified by system-generated aggregate data and consensus-driven priorities established by stakeholders.

2. EVALUATION

The project evaluation will examine the following questions. **Information and Referral:** 1) what access mechanism and location(s) are most utilized by underserved residents; 2) does the choice of access mechanism vary systematically according to user characteristics; 3) do clients in crisis (i.e., facing homelessness) prefer one form and/or point of access to information and referral services over another? **Interagency Case Management:** 4) does the availability of networked service planning and case management result in increased interagency case coordination and, if so, does this result in better service outcomes for project beneficiaries, and 5) does it simplify agency reporting requirements, allowing staff to direct more time to serving clients? **Community Planning and Development:** 6) over time, does utilization of the system increase network social capital among providers; 7) does the collaborative planning process and data collection system increase agency and client participation in the planning process; 8) does the dissemination of aggregated data on the geographic distribution, characteristics, patterns of service usage, and service outcomes of the County's underserved populations inform community planning and resource allocation processes such that funding priorities and allocations systematically target identified needs and address them with proven effective strategies?

A combined internal and external, multi-method evaluation will be conducted (see Appendix A for a charted description of the evaluation design). This evaluation will focus on both project process and outcomes and will be grounded in the following principles and procedures:

- 1) Evaluation steps will be conducted throughout the project in accordance with the project's implementation plan. Major steps are as follows:
 - Assessment of I&R technology infrastructure development
 - Assessment of I&R pilot usage with various technologies and types of sites
 - Assessment of I&R planning and coordination among stakeholders
 - Assessment of case management infrastructure development
 - Assessment of case management pilot usage
 - Assessment of case management planning and coordination among stakeholders
 - Assessment of the development of data aggregation and analytical capabilities for community planning purposes
 - Assessment of community planning support tools and procedures on a pilot basis
 - Assessment of community planning coordination among stakeholders
- 2) Evaluation will be performed on: a) specific outcomes at predetermined project milestones; and b) process issues concerning both community planning dynamics and project implementation strategy.
- 3) Three types of data collection mechanisms will be put in place: a) technology-based mechanisms, designed to understand how specific technological tools are being used; b) survey-method questionnaires to elicit process-specific issues concerning the substantive area; and c) process documentation techniques to understand the dynamics of the implementation process and to draw general recommendations.

The evaluation will be conducted by Donna Friedman, PhD. and Oscar Gutierrez, PhD., researchers at the University of Massachusetts in collaboration with the Lake County Planning & Development Department. Evaluator qualifications are provided in Appendix A.

3. SIGNIFICANCE

Innovation and Significance. While several of the project's goals -- reducing service access barriers through automated information and referral and enhancing service coordination and delivery through networked case management -- are increasingly common among public service projects, there are several facets of IMPACT that make it innovative and of national significance. The project is solidly built upon the efforts and experiences of existing TIIAP projects (appendix C) and other human service information management systems (appendix D) and extends their work in the following ways. 1) By making the system available in kiosk, IVR, and provider mediated formats, results of the project will *provide information on the effectiveness of various modes and locations of service access*, enabling communities to choose the most effective and cost-conscious method of linking the underserved to needed services. 2) Pairing the I&R system with health education modules in multi-media centers in primary care clinics will permit an *examination of the effectiveness of combining access to community service information with community education*. If effective at achieving both service linkage and education outcomes, this has implications for pairing I&R with other preventative community education efforts. 3) In addition to examining whether the system increases service coordination among providers, the evaluation will *examine whether one or both system components increases social capital (i.e., trust, resource sharing, collaboration, participation, organizational capacity)* within the provider network. 4) Applying a GIS interface in the context of human service needs and delivery will *allow data that is collected for I&R and case management purposes to be analyzed and compared with other spatial information to identify correlations*, which may identify a confluence of factors that would otherwise go undetected. Spatial data analysis will include mapping health and social occurrences with U.S. Census Bureau American Community Survey information (income, race and other community characteristics) and locally-identified point information (housing conditions, crime occurrences, educational attainment, proximity to community facilities and availability of neighborhood services). This information will *significantly improve the ability of the County (and other jurisdictions) to understand potential causal relationships and to target allocations to address community-based issues*. 5) Finally, the collaboration with the American Community Survey will *contribute to an understanding of how continuous agency administrative data be used to develop statistical models with American Community Survey data on persons in shelters for the homeless to improve overall estimates of the homeless population*. (See Appendix L). Thus, our collaboration with the U.S. Census Bureau's Statistical Methods Division, with the involvement of other national sites, may result in the development of model that could have national implications on estimating homeless populations using continuous measurement versus the highly problematic and controversial approach previously applied in the 1990 decennial census process.

Replicability. In May 1998, the Lake County Planning & Development Department organized and cosponsored a 2-day national conference on the use of information management systems to enhance service provision to the homeless. The conference provided the County (and approximately 200 attendees from across the country) the opportunity to view and compare 15 human service information management systems (2 of which were developed with past TIIAP awards) and to learn from the experiences of system developers and users. Based upon the number and geographic representativeness of conference presenters and attendees, it is clear that both *tracking and delivering services effectively to underserved populations such as the homeless are issues that communities are struggling with nationally*. The need to

address these issues has been significantly highlighted by recent Federal and state welfare reform and funding initiatives such as the Department of Housing and Urban Development's competitive Continuum of Care for Homeless Assistance funding strategy which requires jurisdictions seeking homeless assistance funds to engage in an ongoing needs assessment and planning process to address homelessness within their jurisdictions.

The project is a cost-beneficial model potentially worth partial or full replication because it builds upon and tailors existing system technologies and software. Within Lake County there is potential for expansion of the system to a wide range of human service organizations, many of which have indicated an interest in adopting the case management system, if the pilot proves successful. Additionally, the City of Chicago Department of Human Services (CDHS) has already expressed interest in following the development and implementation of the system as one that it would consider replicating with the City's human service system (per discussions with J. Sifuentes at CDHS).

4. PROJECT FEASIBILITY

Technical Approach & Qualifications. As previously discussed, technologies employed will include the Internet, touch-screen public access terminals, multi-agency networked service planning and case management, Interactive Voice Response, and geospatial analysis through Geographic Information System interfaces (GIS). While none of these technologies represent new technological developments in and of themselves, IMPACT will integrate the technologies to create an innovative approach and a new application for use. Specific existing system functionality and proposed enhancements to each are detailed in Appendix D. The technologies will be implemented and administered by a combination of Lake County Planning & Development, the Lake County Management Services Department and BVM Communications, Inc. The responsibilities of each are outlined in the appendix referenced above. Each of these three technology partners was selected for their expertise and previous involvement in these efforts. Specific qualifications of each are listed in Appendix E: Suitability & Organizational Capacity of Lake County and Appendix F: BVM Communications, Inc.

There has been much discussion locally about the most effective and appropriate technologies; this proposal will concurrently implement telephone access, self-mediated public access and provider-mediated community access. As well, the connectivity approach being pursued will allow agencies with various levels of sophistication to access the network server via dial-up-phone lines, ISDN lines, Internet or Interactive Voice Response technologies. The proposed evaluation process is the key to this proposal, as it compares and measures the relative effectiveness of the various proposed means of access; therefore, the implementation of this proposal should enable us to more definitively assess which mechanism is most appropriate for future application in other communities.

Implementation. A scaleable approach has been identified for implementation over a 36 month period; although, the evaluation component will extend beyond this timeframe. The project can begin implementation as soon as funds are committed, therefore the proposed schedule begins October 1, 1999. However, work on the system is on-going, and the planning groups will continue to meet, and to continue preparation for system implementation. (See Appendix G for the phases and benchmarks.) Funds and in-kind contributions for the project have been garnered from public, private-for-profit, and private non-profit agencies. Additional private grant funds and local corporate support are being pursued. (See Budget Justification for a more explicit listing of budget issues.)

Sustainability. Given the past history and impetus for the development of the system, as well as mandated Federal reporting requirements and community planning that will be addressed with IMPACT, there is strong commitment from the community agencies and the County Board for the implementation of IMPACT. The County has expressed a long-term commitment to the sustainability of the project by adopting *Homeless Strategies* as a Board Target in their long-range plan, assuming that the evaluation efforts demonstrate its worth and continued expansion. On-going County support would include grant administration funds to support a part-time system administrator within the Planning Department, other indirect Planning Department support (evaluation, community planning, support staff and other overhead costs), as well as technical assistance, maintenance support and Internet information dissemination efforts from the Management Services Department and internal evaluation assistance from the Health Department. In addition, the County is willing to commit in-kind technology infrastructure and equipment efficiencies, wherever feasible. All community agency partners have committed to on-going Committee involvement and a commitment to utilize the system to maximize its potential impact. Assuming that the pilot case management project demonstrates meaningful outcomes, the case management system will be expanded to include a broader array of local human service agencies and programs. BVM Communications, Inc. has a vested interest in the long-term success of the I&R component, and has pledged to continue to support the process with in-kind services and waiver of access fees, assuming that the participant agencies can continue to support the content development and review of the database information.

5. COMMUNITY INVOLVEMENT

IMPACT Partnerships. Nineteen community-based non-profit, government and for-profit partners are committed to the development, implementation and evaluation of IMPACT¹ (Appendix H). Fifteen of these partners are private or public sector human service organizations, who will be IMPACT system end users. The **benefits** they describe anticipating vary according to whether they are I&R or I&R/inter-agency case management end users, including: improved capacity to serve agency or program clients through more accurate and expedited referrals to other services; increased service coordination and collaboration, streamlined intake procedures, and reduction in duplication of services through technologically supported shared service planning; reduction in time and administrative burden involved in generating reports for various funding sources; and increased capacity to evaluate and strengthen program effectiveness through availability of timely, accurate and comprehensive data on program activities and client outcomes. All end user agencies have committed to carrying out the following partnership **responsibilities**, as applicable: dedicate at least one administrative and front-line staff to participate in IMPACT's community-based committee structure during project development, implementation, monitoring, and evaluation phases; dedicate administrative and front-line staff to receive initial and on-going training on use of system; maintain proscribed project standards and protocols regarding client confidentiality and system security; download client data to County server for aggregation on proscribed schedule; and participate in project evaluation interviews, site visits and other evaluation protocols. Human service partner **contributions** are predominantly in-kind in nature including: intellectual capital, staff time, and use of equipment. Remaining partners include departments of Lake County government, BVM Communications, Inc and United Way of Lake County, as outlined below.

¹ Due to application space constraints, letters of commitment and memoranda of understanding have not been included in the appendices (though they are on file with the Planning Department and available). Much of their content is summarized here and in the budget justification. However, a letter of commitment from the LC Health Department has been included in Appendix J.

Lake County (see Appendix E)

Planning & Development Department (LC P&D), an entitlement jurisdiction for the U.S. Housing & Urban Development block grant programs, is charged with annually allocating grant funds to community projects designed to address the needs of the low-income community. Therefore, LC P&D has a vested interest in understanding and tracking the effectiveness of community programs and in tracking community needs and client population characteristics. LC P&D will be the lead agency in the project for overall project coordination and for system administration of the case management and community planning modules.

Health Department (LCHD), a state-certified public health department and federally qualified health center that provides publicly funded primary health care services to the County's underserved. LCHD has a clinic in each designated Target Area. LCHD will house public access kiosk systems, will administer the Healthy Touch education series and will utilize the I&R functionality within their family case management division, potentially expanding into the coordinated case management module.

Management Services Department (MSD) is a countywide information management department with experience administering technology systems for all county departments and agencies, maintaining hardware and software and for designing and installing new technology solutions. MSD will provide substantial support during the initial implementation phase of the project, and will continue to provide in-kind technical support as needed during the operation and expansion phases of the project.

BVM Communications, Inc. is a private for-profit developer of a multi-media, touch screen information & referral kiosk system. BVM will continue to act as the developer and administrator of the I&R system, providing substantial in-kind support to the project. Development enhancements are outlined in more detail in Section 4. BVM has adopted a community involvement process that includes the three community based standing committees. (See Appendix F.)

United Way of Lake County (UW) is a community-based funder interested in community based needs assessments and resources allocation. Consistent with its function, UW will subsidize costs associated with community planning. In addition, UW will continue its ongoing relationship with the BVM system to act as a content monitor for database information and will continue to promote the dissemination of the kiosks within the community.

Other Agency Partner Involvement is diagrammed in Appendix H.

Community-based Governing Structure. IMPACT will be governed by a community-based committee structure, with both agency, local government, consumer and advocacy groups represented. All committees will be staffed by Lake County Planning & Development Department staff and BVM staff, as appropriate. IMPACT Committees will include: IMPACT Steering Committee (overall project coordination, implementation and management, including assistance with evaluation strategies), Community Outreach Committee (education and outreach to potential community partners to maximize use and impact of system), Case Management Steering Committee (case management system implementation and project management oversight and coordination), Case Management Client Confidentiality Subcommittee (development of security protocols and monitoring), Case Management Education Subcommittee (development of system training, as well as case management strategies to embrace use of system to enhance service delivery), BVM Content Committee (coordination of I&R content and interface changes), Hispanic Issues Committee (development of strategies to increase access to information and services among the Hispanic population, including oversight of Spanish translation process), and other topical and ad hoc committees, as needed. The existing Homeless Information Systems Subcommittee and BVM Committees will be incorporated into the overall IMPACT Committee structure.

History of Community Involvement to date. The project planning process has involved a broad range of community stakeholders and participation strategies. Participants include homeless and other human

service providers, health and housing providers, human service consumers and representatives from government entities. In January 1998, the Lake County Coalition for the Homeless (which has a wide ranging membership of 85 individuals and housing, health, and human service organizations) formed a Homeless Information Management Subcommittee to oversee the project planning process. Provider surveys, consumer and community representative focus groups, and planning meetings have all been employed to ensure inclusive representation by stakeholders affected by the project (detailed descriptions of these strategies are located in Appendix I: Homeless Provider and Consumer Involvement).

It was through consumer and local government involvement that an information and referral component became a priority. Consumer surveys and focus groups with both community service representatives (including area hospitals, youth groups, and township governments) and service consumers highlighted numerous service barriers and the need for targeted, expedited, widely available access to service information and referral (see Appendix I for more detailed information on findings from these focus groups). Through consumer focus groups client confidentiality issues were also explored. While consumers were clear that they believed the benefits of an effective I&R and case management system would outweigh their confidentiality concerns, they indicated they would be most comfortable with a system that permitted them to select what part of their information was shared and with whom.

Support for end users. Technical assistance and training will be provided to all end users during both implementation and production periods of the project by LC P&D project staff. Agencies will be responsible for working with their own case managers to train them on the system, but the Case Management Education Subcommittee will assist with the development of training strategies and education materials.

Privacy and Client Confidentiality. Because stringent privacy protections are a cornerstone of the case management component of this project, significant measures will be undertaken to ensure adequate security and client confidentiality protections are in place. Security and privacy will be maintained through access controls, security in connectivity (internet encryption and firewall technology), software with scalable user-level permissions, and client anonymity provisions. The majority of the homeless pilot providers have defined client-defined confidentiality measures as the base requirement for project participation. A Case Management Client Confidentiality Subcommittee including system administrators, provider representatives and clients will be established to provide oversight on issues of confidentiality, access and proper usage of data. The case management system will accommodate client releases by agency, program and data fields within programs, as well as by defined user levels within each agency. Blanket releases of client information will not be available, in order to protect client privacy. All data will be aggregated anonymously, and will only be mapped at scales where client confidentiality can be maintained.

6. REDUCING DISPARITIES

In Lake County growing disparities exist between affluent and low-income residents, with the highest average municipal per capita income (\$70,925) almost 8 times higher than the lowest (\$9,165). Significant growth is occurring in the size of the County's Hispanic and African American populations, and, in turn, economic, language, cultural, and literacy barriers to service access are increasing. Within the county, African Americans and Hispanics have the highest levels of poverty, unemployment, and high school dropout, and the lowest levels of homeownership. African American men and Hispanic women have the highest unemployment rates, and the Hispanic population has the highest proportion of people over 25 who are not high school graduates. IMPACT is targeting four of the county's highest risk communities based on

levels of poverty, health indicators, and service access barriers. These communities are home to 86% of the county's African American population and 54% of its Hispanic population (see Appendix J for additional information on targeted communities, particularly health, homelessness, and the Health Department's community education interface). Strategies for reducing service access disparities and barriers for residents of targeted communities as both end users and project beneficiaries are described in the Project Definition section, the Project Feasibility section and Appendix D.

Disparities also exist in the technological and informational capacities of provider organizations. Results of a recent technology questionnaire (Appendix K) revealed that while some organizations such as Catholic Charities and the Veterans Affairs Medical Center have fairly sophisticated client record databases, other smaller organizations continue to rely on paper/pencil documentation systems. So too, no system currently exists for interagency communication. IMPACT will begin to address these end user disparities and communication needs by providing software, hardware (where necessary), initial and ongoing training and technical support to both information and referral and case management end users. IMPACT will expand the capabilities of smaller provider organizations to document client characteristics and outcomes, generate funding reports, and evaluate program success, thereby strengthening their capacity to compete for limited private and public funding dollars. Ideally, it will foster more collaborative provider relationships, reducing service duplication and catalyzing resource sharing. As described in the Community-based Governing Structure section, the IMPACT Community Outreach Committee will develop education and outreach strategies to bring IMPACT to other organizations.

7. DOCUMENTATION AND DISSEMINATION

The plan for documenting the project development and implementation process is referenced in the Evaluation Design located in Appendix A. As indicated, this process evaluation will be a collaboration between the University of Massachusetts and the Lake County Planning Department. The county has a historic commitment to documenting planning processes and information, as evidenced by the publication of the notebook assembled for the conference, *Enhancing Service Provision to the Homeless: The Role of Information Management Systems*, and the broad dissemination of planning documents, such as the 5-year Consolidated Plan, Annual Action Plans, and annual Continuum of Care strategies.

Findings regarding both IMPACT's implementation and outcomes will be disseminated to the following audiences through the following avenues:

- Periodic data on population characteristics, including comparisons with national trends will be posted on the Facts and Figures page of Lake County's web site (www.co.lake.il.us).
- Potential conference audiences to be pursued include: the National Association of County Community & Economic Development, American Planning Association, Association of Information & Referral Systems, URISA and ESRI geographic information systems users conferences; American Evaluation Association and the American Psychological Association.
- Potential journals to be pursued include: Journal of the American Planning Association; Housing Policy Debate; Journal of American Community Psychology; Journal of Social Distress and the Homeless;.
- Newsletters/listservs to be pursued include: APA Housing & Human Services Division Newsletter; National Association of Counties Newsletter; Statewide Housing Action Coalition(SHAC) Newsletter; IL Housing Development Authority Newsletter; and the HUD IDIS listerv.
- Work with Federal Departments including HUD, HHS and the Census Bureau to disseminate findings related to homelessness, welfare reform impacts, monitoring and other relevant issues. (Appendix M)